Date 05 Oct 2009

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Under the Pepervoix Reduction Act of 1995, no persons are required to respond to a collection of Information unless it deplays a veiled OMB control number. DOWER OF ATTORNEY TO REOSECUTE ARRIVE ATTORNS REFORE THE USPTO

POWER OF ATTORNET TO PROSECUTE ATTEICATIONS BET CIVE THE GOT TO				
I hereby revoke all previous powers of attorney 37 CFR 3.73(b).	given in the a	pplication identified	in the attached state	ment under
I hereby appoint:				
Practitioners associated with the Customer Number	:	45458		
OR Practitioner(s) named below (if more than ten pater	t practitioners are	to be named, then a cust	omer number must be us	ed):
Name	Registration Number	N	ame	Registration Number
		· ·		
		2		
as attorney(s) or egent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any end ell petent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordinacy with 37 CPR 3.73(b).				
Please change the correspondence eddress for the epplication identified in the attached statement under 37 CFR 3.73(b) to:				
The address associated with Customer Number OR	:	45458		
Firm or Individual Name				
Address				
City	State		Zip	
Country				
Telephone		Email		
Assignee Name and Address:				
Cardiac Pacemakers, Inc.				
4100 Hamline Avenue North St. Paul, MN 55112-5798				
3t 1 aut, WIN 00112-0100				
A copy of this form, together with a statement us filed in each application in which this form is us	ed. The statem	ent under 37 CFR 3.	73(b) may be comple	ted by one of
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,				

Title Assistant Secretary for Cardiac Pacemakers, Inc. This collection of information is required by 37 CFR 1.3.1, 3.2 and 43.3. The information is required to short of the collection of information is required to short of the collection of information in the collection of information is required to short of the collection of information in the formation in the formation in the collection of the collection

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

CC Richard R. Clapp

Signature Name